TRAVEL VOUCHER 1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE							2. TY	PE OF TRAVEL	-	3. VOUCHER NO.			
(Read the Privacy Act Statement on the back)	. [EMPORARY DU' PERMANENT CHA OF STATION	4. SCHEDULE NO.							
5. a. Name (Last, first, middle	h					NO	6. PERIOD OF TRAVEL						
		D.				o. SOCIAL SECURITY NO.			M .	b. TO			
c. MAILING ADDRESS (Inc	d. C				FICE TELEPHON	E NO.	7. TRAVEL AUTHORIZATION						
C. MAILING ADDRESS (Inc						a. NUMI	BER(S)	b. DATE(S)					
e. PRESENT DUTY STATION				f. RESIDENCE (City and State)									
8. TRAVEL ADVANCE	9. CASH PAYMENT RECEIPT					10. CHECK NO. 11. PAID BY							
a. Outstanding										OUNT RECEIVE			
b. Amount to be applied		-				\$		OOM RECEIVE					
c. Amount due Government				c. PAYEE'S	SIGN	NATURE							
(Attached Chec Cash)													
d. Balance outstanding				1									
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED	I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)										Traveler's Initials		
TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used shown claim on reverse	AGENT VALUAT OF TICK	ION	ISSUING CAR- RIER	MODE CLASS C SERVICE	OF	DATE		POINTS OF TRAVE			FTRAVEL		
coupon; if cash is used shown claim on reverse			(initials)	AND ACC	OM-	ISSUEI	D	١,	FROM			то	
sid e .)	(a)	}		(c)		(d)		(e)				(D	
	1												
					İ								
											•		
13 I certify that this yourher is	true and cor		o bost of m					<u> </u>					
 I certify that this voucher, is When applicable, per diem 	daimed is ba	sed on	the average	e cost of lodgi	ng inc	celler, and that curred during t	paym he per	ent or credit has n iod covered by thi	iot been recei s voucher.	ved by m	ie.		
TRAVELER) AMOUNT)									\$				
NOTE: Falsification of an item than \$10,000 or impriso	in an expense inment for no	accour t more ti	nt works a f han 5 years	forfeiture of cit is or both (18 L	aim (2 J.S.C.	28 U.S.C. 2514 . 287; i.d. 1001	f) and ().	may result in a fin	e of not more				
14. This voucher is approved. the interest of the Governm	Long distance	telepho	one calls, if	any, are certi	ified a	s necessary in	,	17. FOR FINAN	CE OFFICE U	SE ONL	Y		
approving unicial must have	e been aumor	ir iong i ized in v	uistance tel writing by ti	epnone calls he head of the	are in depa	icluded, the artment or agei	псу	COMPUTATION				1	
to so certify (31 U.S.C. 680a).)							·	a. DIFFER- ENCES,)		
ADDROUGUS								IF ANY (Explain					
APPROVING OFFICIAL SIGN HERE	DATE				and show _ amount) _								
15. LAST PRECEDING VOUCH		b TOTAL ASSIST	TED CORDE	OT 500		ļ							
a. VOUCHER NO.	c. MONTH &				b. TOTAL VERIF CHARGE TO	TION							
				YEAR				Certifler's initials:				s	
16. THIS VOUCHER IS CERTIF	PROPER	FOR PAYME	FOR PAYMENT			c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol):							
AUTHORIZED CERTIFYING OFFICIAL DATE								 \$					
SIGN HERE								d. NET TO TRA			LER)	\$	



18. ACCOUNTING CLASSIFICATION

0.	INSTRUCTIONS TO 1	Complet	Complete this PAGE											
SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to	Com- lolete brill for actual expense travel Col. (d) thru (g) Show amount incurred for each meal, including tax, tips, and daily total meal cost. Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). Complete for per diem and actual expense travel. Show total subsistence expense incurred for actual expense travel. Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. Show expenses, such as: taxilimousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.									Complete this information if this is a continuation sheet. TRAVEL AUTHORIZATION NO. TRAVELER'S LAST NAME			
DATE TIME	DESCRIPTION				ED SUBSIS		(PENSES	r	MILEAGE RATE:	Α	AMOUNT CLAIMED			
19 (Hour and am/pm) (a) (b)	(Departure/arrival city, per diem computation, or other explanations of expense) (c)	BREAK- FAST (d)	LUNCH	DINNE R (f)	TOTAL (g)	MISCEL- LANEOUS SUBSIS TENCE (h)	LODGING	TOTAL SUBSISTENCE EXPENSE (j)	NO. OF MILES (k)	MILEAGE	SUBSISTENCE	OTHER		
							-							
							,							
If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.														
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulation (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to										Enter grand total of columns (I), (m) and (n), below and in item 13 on the front of this form.				
determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorzation and or record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant									TOTAL AMOUNT CLAIMED)					

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